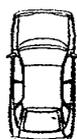


**ASSIGNMENT**

Surveyor: RASUL DOI: 24/11/2021 Date / Time : 24/11/2021  
Registered in Merimen: \_\_\_\_\_

**Pre-assign / CCU / FTE**

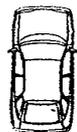
Insured Vehicle No. : GBH 6767R Claim No. : SNM21D206809/C02/GBH6767R/TANKW  
Name of Insured : \_\_\_\_\_ Policy No. : DMCVSNW00080942103  
Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : \_\_\_\_\_  
Excess Sec II : \$ \_\_\_\_\_ D.O.A : 20/11/2021 11:20 Place of Accident : Tampines Rd, Singapore  
Is driver the owner? ( YES / NO ) Nature of Accident : \_\_\_\_\_

If NO, Driver Name / Age :

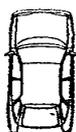
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

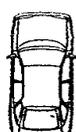
(V/L: YES / NO )

Insured Liability : % **Final ? Yes / No****SHB 1432A**

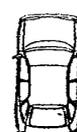
INSRS:  
WSP: **STRIDES**  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time		STAGE	DATE / PIC
	<b>SHB 1432A - CC3/AIG10026215/R1f2q2; 29/12/2010</b>	Non-Reporting ltr (1st):	
	<b>CC3/CTI20009082/Qea3q2; 25/08/2020</b>	Non-Reporting ltr (2nd):	
	<b>CS/TIT10017499/R1j1; 31/08/2010</b>	Non-Reporting ltr (Final):	
	<b>NA1/INC08013690/e1; 29/04/2008</b>	Notification ltr (if non-pickup):	
	<b>NS/INC13011041/R1gu2; 16/06/2013</b>	Call OI:	
	<b>GBH 6767R - X</b>	After call ltr to OI:	
		<b>Documentation Check List: Handler Typist</b>	
		Notification ltr (if non-pickup)	<input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/>
		PIR:	<input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/>
		LOD	<input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/>
<b>PRELIMINARY ADVICE</b> Date/Time:	Sent By:	Post-Repair Photos:	<input type="checkbox"/>
		Others:	<input type="checkbox"/>
<b>FINALIZATION</b> Date/Time:	Confirm with:	Confirm by: <b>MRB</b>	
Repair Cost: <b>L/S</b> S\$ <b>1,450.00</b> ( <b>4</b> days) Reduction: <b>88</b> %		Email <input type="checkbox"/> Call <input type="checkbox"/>	
<b>FINAL SETTLEMENT</b> Date/Time: <b>04.01.22</b> Confirm with <b>LEE GEK</b>		Email <input type="checkbox"/> Call <input type="checkbox"/>	
Final Liability: % <b>100</b> (Agreed / Assessed) BOLA S/N No. : <b>15</b>		If NO or B 28, Ass. Lia :	
Repair Cost: S\$ <b>1,450.00</b>		<b>OID CHANGED LANE HIT TP</b>	
Loss of Rental (LOR): S\$ <b>711.55</b> ( <b>7</b> days) x \$101.65			
Loss of Use (LOU): S\$ <b>-</b> (\$ <b>-</b> x <b>-</b> days)			
Loss of Income (LOI): S\$ <b>350.00</b> (\$ <b>50</b> x <b>7</b> days)			
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input checked="" type="checkbox"/> [Tick only one]			
GIA/LTA Search S\$ <b>7.00</b>			
Medical: S\$ <b>-</b>		1) Claim status: Normal/ <del>Reject/Dispute/Settle</del>	
Disbursement: S\$ <b>-</b> (e.g. Tow/ Independent )		2) Report Format: <b>TP</b>	
Legal Cost S\$ <b>-</b>		3) Survey fee: <b>\$400</b>	
<b>Total:</b> S\$ <b>2,518.55</b> <b>Global Sum S\$: 2,500.00</b>			
<b>FINAL PAYMENT</b> Date/Time: <b>04.01.22</b> Confirm with: <b>LEE GEK</b>		Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 1: S\$ <b>2,500.00</b> Name 1: <b>STRIDES TAXI PTE LTD</b>			
Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____			
Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____			